									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO								D FR920020030051							
Effective January 1, 2003											10/6/5,504				
CLAIMS AS FILED - PART I								SMALL ENTITY			•	OTHER	THAN		
To	OTAL CLAIMS		(Column	1)	(Column 2)			TYPE			OR	SMALL			
			12					RATE FEE]	RATE	FEE			
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 375.00		OR	BASIC FEE	750.00			
TOTAL CHARGEABLE CLAIMS			/2 minus 20=		* _		•	X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			/ minus 3 =					X42=			OR	X84=			
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+140=			1	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR		5 61			
CLAIMS AS AMENDED - PART II								1012	\ L		OR	OTHER	750		
(Column 1) (Column 2) (Column 3)								SMAI	LL E	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME		EST		· · · · · · · · · · · · · · · · · · ·		ADDI-			ADDI-		
				PREVIO PAID I	USLY	EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE		
	Total	. 12	Minus	2	0	=		X\$ 9	_		OR	X\$18=	<u> </u>		
	Independent	* /	Minus	*** =	3	=	lt	X42=				X84=	· ·		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-		OR	7,0 /-			
	(01.30.07)							+140			OR	+280=			
								TOT DDIT. F		· .	OR,	TOTAL ADDIT: FEE			
AMENDMENT B	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST [
		REMAINING AFTER		NUME PREVIO				RATE	.	ADDI- TIONAL		RATE	ADDI- TIONAL		
		AMENDMENT		PAID		EATRA				FEE		11/11/6	FEE		
	Total:	*	Minus	** .	·	=		X\$ 9	-		OR	X\$18=			
	Independent * FIRST PRESENTATION OF ML		Minus	***	= CI A114			X42=			OR	X84= "	4		
	("INOT PRESE	NIAHON OF ME	JETIPLE DEF	LE DEPENDENT CLAIM			1	140				+280=			
							Ĺ	+140=			OR				
				•					EEL		OR	TOTAL ADDIT. FEE			
	(Column 1) (Column CLAIMS a HIGHEST					(Column 3)					· :				
AMENDMENT C		REMAINING AFTER	á	NUME PREVIO	BER	PRESENT		RATE	ADDI-		D.475	ADDI-			
		AMENDMENT	(B)	PAID F		EXTRA	┧╽			TIONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=			
	Independent	*	Minus	***		=	╽┟	X42=	十	· .	ŀ	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	+		OR	A04=			
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280≈			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												N.			
• •	The "Highest Num	ber Previously Pai	d For" (Total or	Independe	nt) is the	highest numbe	r four	id in the	appr	opriate box	in colu	ımn 1.			

*U.S. Government Printing Office: 2003 — 498-278/69151

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

FORM PTO-875 (Rev. 12/02)